

# MHSA Education and Training Component

WORKFORCE EDUCATION  
AND TRAINING FIVE-  
YEAR PLAN  
SECOND DRAFT  
September 18, 2006

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Five months ago we introduced a strategic planning process for implementing the Workforce Education and Training component of the Mental Health Services Act. At that time we established our mission, vision, values, goals and objectives, and are now ready to report on our accomplishments to date, and to propose actions for this current fiscal year.

# Draft Five-Year Plan

*The Mental Health Services Act (Act) stipulates that California will develop a five-year education and training development plan (Five-Year Plan)*

- Department of Mental Health responsible for its development
- Review and approval by Mental Health Planning Council
- Oversight by Oversight and Accountability Commission
- In draft form until an inclusive stakeholder process is completed for all parts of the plan
- 1st draft presented at April General Stakeholder Meeting

This draft will be the second of three drafts presented for your input. Sometime next spring we plan to submit for consideration a completed Five-Year Plan.

Individuals representing the following entities participated in the development of this second draft:

- California Network of Mental Health Clients
- National Alliance for the Mentally Ill California
- California Mental Health Directors Association
- California Association Social Rehabilitation Agencies
- California Mental Health Planning Council
- California Institute for Mental Health
- United Advocates for Children of California
- Department of Mental Health MHS Team
- Office of Multicultural Services
- Professional Mental Health Organizations
- Educational Institutions
- DMH Expert Pool

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Since April we have actively engaged the ongoing participation of California's subject matter experts in order to ensure that all of our stakeholders' interests and concerns are considered in our planning process. This has included the leadership from our statewide constituency organizations, county mental health programs and their contract agencies, professional mental health organizations, educational entities, and consumers and family members.

# Draft Five-Year Plan

- This second draft adds the results of an analysis of workforce needs as stated in counties' Community Services and Supports (CSS) plans
- Accomplishments to date
- Actions proposed for Fiscal Year 2006/07

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Today we will be highlighting what we have included in our second draft, namely: 1) the results of an analysis of workforce needs as reported by our county mental health programs in starting up their new Community Services and Supports Programs, 2) what we've accomplished, both to address these immediate needs as well as plan for a more comprehensive response, and 3) what we propose to do this fiscal year.

# CSS Plan Analysis of Workforce Needs

- Over 4,300 new MHSA positions created statewide
- 20% specifically designated for consumers and family members
- Hispanic/Latino, specifically designated immigrant populations, Native Americans underrepresented in the workforce

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Over the summer we summarized and analyzed workforce needs as reported in counties' CSS Plans, and wrote a report that is posted on our MHSA Education and Training webpage.

In this current three-year cycle counties are proposing to add approximately 4,300 new positions to their workforce, with over 20% of the positions specifically designated for individuals with consumer and family member experience.

We also constructed a profile by occupational classification, as required by the Act.

We then documented the disparity between the racial/ethnic diversity of the current public mental health workforce and the new populations to be served. Hispanic/Latinos are consistently underrepresented, with counties reporting a need for bicultural and bilingual staff to serve discrete immigrant and Native American populations.

# State Workforce Challenges

- Cultural competency, language proficiency, and diversity of workforce
- Organizational capacity to support new services
- Geographical challenges of recruiting staff and reaching consumers
- Hiring consumers and family members
- Recruiting and retaining licensed staff

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Finally we described broad themes consistently reported in the CSS Plans pertaining to workforce challenges, both statewide and regionally. Cultural competency, language proficiency, and diversity of the workforce was the most common statewide challenge, followed by organizational capacity to support new services, geographical recruiting challenges, hiring and supporting the large number of new consumers and family members, and recruiting and retaining licensed staff.

## **Planned Comprehensive Needs Assessment**

- Develop a method to assess California's current community public mental health workforce education and training needs
- Establish a base line of occupational shortage and education and training capacity
- Develop a means to measure over time progress toward meeting California's workforce needs

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Currently we are constructing a methodology to assess all of California's community public mental health workforce education and training needs. We would like to establish a baseline of where we are currently, and then be able to measure over time our progress in meeting those needs.

# Accomplishments

- Enacted Public Planning Process
  - Statewide Advisory Group
  - Special Topic Workgroups
  - Public Input
- Developed MHSA Workforce Education and Training Infrastructure
- Implemented Initial Education and Training Resources
  - Organizational Change Support
  - Financial Incentive Program
  - Statewide Constituency Partnership

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Last April we summarized the input we received from the public at our General Stakeholder meetings. A statewide advisory group, consisting of leadership from all stakeholders, met in May and assisted in organizing this input into nine different special topic workgroups. These workgroups met in June, July and August, and provided guidance and recommendations that have been developed into fundable actions. Over 160 volunteers participated in the workgroups, and contained active participation from consumers and family members, county mental health and contract agency representatives, professional organization leadership, and educational entities. Our statewide advisory group met again in August and endorsed the proposed actions for this fiscal year.

In addition, the DMH Workforce Education and Training Unit was formed, and two mental health specialists and an office technician were hired. A needs assessment consultant was brought on board, and a consultant to assist in developing regional partnerships throughout California is in the process of being selected. Finally, we renewed and expanded existing contracts with the California Institute for Mental Health, the California Network of Mental Health Clients, NAMI – California, United Advocates for Children of California and our consultant cadre from the DMH/Department of Rehabilitation Mental Health Cooperative programs to support counties and contract agencies with training and technical assistance in their implementation of MHSA services. We renewed our stipend program with the California Social Workers Educational Consortium. CALSWEC reports graduating 175 masters level social workers this June who have made a commitment to work in community public mental health.



# Actions for FY 2006-07

- Deliver expanded training and technical assistance available from statewide consultants and constituency organizations
  - California Institute of Mental Health
  - National Alliance for the Mentally III – California
  - California Network of Mental Health Clients
  - United Advocates for Children of California
  - DMH/DOR Training/Consultant Cadre
- Fund community public mental health staff, education staff and consumers and family members to collaborate on local workforce education and training planning
  - Regional Partnerships
  - Expand concept of DMH Expert Pool
  - Mental health career pathway program planning

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We have a number of Actions we are proposing.

We are working with our statewide consultants and constituency organizations to market, make available, and connect training and consultation experts with those entities responsible for delivering the new MHSA community services and supports plans.

We also plan to provide funding and support to enable public mental health staff, education staff and consumers and family members to come together at the local and regional level to engage in community planning for addressing workforce education and training needs. This includes establishing regional partnership structures, expanding the scope of DMH's expert pool, and enabling the planning of mental health career pathway programs in high schools, regional occupational programs and adult education.

## Actions for FY 2006-07 (2)

- Fund replicable model programs
  - Public mental health entry level preparation programs for consumers and family members
  - Residency and internship programs
  - Certification programs based upon psychosocial rehabilitation principles
  - Mental health career pathway programs
- Convert relevant trainings into a blended learning format to enable web-based access throughout California
- Establish structure for stipend, loan forgiveness and scholarship programs
- Maximize federal funding for existing scholarship and loan forgiveness programs in designated mental health profession shortage areas

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We plan to fund an initial set of programs at the state level that draw upon the expertise of entities who have had successful experience and/or current capability to model the kinds of programs envisioned by the Act, and are recommended by our stakeholders. These include entry level preparation programs for consumers and family members, residency and internship programs, certification programs based upon the principles of psychosocial rehabilitation, and mental health career pathway programs. These programs will follow the principles and practices recommended by our special topic workgroups, and will be a step toward fielding sufficient programs that are called for by the conducting of a comprehensive needs assessment.

We plan to expand the capacity of selected trainings by converting them into a blended learning format in order to enable learning at a distance.

We are working with the Office of Statewide Health Planning and Development and the Health Professions Education Foundation to develop the structure for MHSA specific stipends, loan forgiveness and scholarship programs to be made available for all professions and all levels of professions, and to maximize federal funding by increasing the number of communities in California designated as a health professions shortage area.

## Actions for FY 2006-07 (3)

- Establish an ongoing MHSA education and training council
- Promote the development of continuing education unit (CEU) trainings delivered in accordance with the Act
- Review licensing/certification regulations/policies for opportunities to expand number of qualified individuals capable of prescribing medications and signing treatment plans

**NOTE:** All MHSA funded education and training will be required to address how their program/training promotes cultural competency and includes the viewpoints and experiences of consumers and family members

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We are recommending that an ongoing entity, or council, provide guidelines and update principles for training and technical assistance tracks and topics appropriate under MHSA, review and comment on core competencies and curricula, provide oversight of state funded replicable model education and training programs, and evaluate the efficacy of completed training and technical assistance as to impact on recruitment, retention and service delivery.

We are continuing to study the potential for continuing education unit, or CEU, training as a means for furthering the intent of the Act, and reviewing licensing and certification regulations and policies for opportunities to expand the number of qualified individuals capable of prescribing medications and signing treatment plans.

We are making the recommendation that any MHSA education and training being considered for funding must demonstrate how their program or training addresses cultural competency and includes the viewpoints and experiences of consumers and family members.

# Next Steps

- Initiate expanded training and technical assistance now available from statewide consultants and constituency organizations
- Develop principles for funding and governance of MHSA Education and Training Component
- Write emergency regulations
- Conduct comprehensive statewide needs assessment
- Release initial Education and Training Funds for workforce planning and replicable model programs
- Write final draft of Five-Year Plan

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Here are our planned next steps:

Develop and disseminate marketing materials for the MHSA specific training and technical assistance that is now available to county mental health programs and their contract agencies.

Work with California Mental Health Director's Association leadership to develop principles for Education and Training Component governance and funding. We need to decide what will be administered and funded at the state level versus local and regional levels, and what funding structure will enable us to sustain the funding of these programs over time.

Write emergency regulations that will enable the use of Education and Training Funds.

Conduct a comprehensive needs assessment to establish the totality of California's community public mental health needs, establish a baseline and set a means to evaluate progress over time.

Release initial Education and Training Funds for workforce planning and replicable model programs.

Write the final draft of the Five-Year Plan.

# Stakeholder Input Requested

- Comment on second draft of Five-Year Plan
  - Review and add to list of training and technical assistance tracks and topics initially developed by special topic workgroup
  - For focus group consideration- DMH will be inviting proposals for the following replicable model programs to be developed:
    - Public mental health entry level preparation programs for consumers and family members
    - Residency and internship programs
    - Certification programs based upon psychosocial rehabilitation principles
    - Mental health career pathway programs
- Who are existing entities who could become replicable model programs?  
What qualifications, qualities and experience should a potential contractor possess?

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We have posted our proposed second draft of the Five-Year Plan on the Web, and are making copies available at our General Stakeholders' meetings. We invite your input.

Our Training and Technical Assistance workgroup developed an initial set of broad tracks for training and technical assistance appropriate for MHSA, and within those tracks have listed some topics. We recognize that this is by no means a complete list, and thus invite your input as to additional tracks and topics for consideration.

DMH is planning to invite proposals for replicable model programs. We would like your help in both identifying any potential entities who could become a replicable model program, and, in general, assist in defining what qualities, qualifications and experience a potential contractor should possess.

# How to Provide Input

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Information posted at:

[http://www.dmh.ca.gov/mhsa/EducTrain.a  
sp](http://www.dmh.ca.gov/mhsa/EducTrain.asp)

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In addition to attendance at the General Stakeholders' Meetings on September 25th and 26th, you are invited to email or telephone your input.

The DMH MHSA Education and Training Web page contains detailed information on recommendations provided by general public forums and the Mental Health Planning Council, minutes of special topic workgroup meetings and teleconferences, the workforce needs assessment report on the counties CSS Plans, and the second draft of the Five-Year Plan. You are invited to check new postings periodically and submit input.